

LOS ANGELES COUNTY WELFARE TO WORK BULLETIN

NUMBER: W00-04

SUBJECT:

WtW Client Forms Handbook and Users

Guide (Revised)

DATE: August 7, 2000

EFFECTIVE DATE: Immediately

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TO: ALL WELFARE-TO-WORK SERVICE PROVIDERS

The Los Angeles County Community and Senior Services department will be utilizing the enclosed revised Welfare-to-Work (WtW) Client Forms Handbook, WB00-25, and WtW Users Guide, WB00-26, developed by the Job Training Partnership Division of the Employment Development Department (EDD). This handbook and guide, their forms and definitions, are still in draft format and awaiting final revisions. These forms are also available through the EDD web site at http://wwwedd.cahwnet.gov/wtowinbu.htm. You will be notified when the pressure sensitive forms become available, until that time please continue to use photocopies of the forms.

Please contact Michael Arredondo at (213) 738-2786 regarding Access codes or Staff ID numbers. For questions regarding eligibility or completion of the forms, contact Karen Herberts at (213) 351-8924. Please keep all original MIS forms with your required documents for the retention period stated in your contract terms and conditions.

The WtW Application/Registration form has been revised to reflect the new eligibility criteria. The new form is contained within the enclosed EDD Information Bulletin WB00-36. This form supercedes the Application/Registration form contained within WB00-25. At this time, all the other forms and instructions contained within the original Los Angeles County Welfare-to-Work Bulletin W00-04 remain in force.

Kenneth Kessler, Director Employment and Training

Enclosures

INFORMATION BULLETIN



WELFARE-TO-WORK

Number: WB00-36

Date: July 28, 2000 Expiration Date: 12/31/00

69:58:cg:4011

TO:

LOCAL WORKFORCE INVESTMENT AREAS
WELFARE-TO-WORK 15 PERCENT SUBGRANTEES
DOL WELFARE-TO-WORK 25 PERCENT SUBGRANTEES

COUNTY WELFARE DIRECTORS

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES STAFF

EDD EXECUTIVE STAFF

WID STAFF

SUBJECT: REVISED WtW APPLICATION/REGISTRATION FORM

The Welfare-to-Work (WtW) Application/Registration form (WtW 10 EWFR) in the Job Training Automation (JTA) system has been revised as a result of the 1999 WtW Grant program amendments. A JTA system release notice will be issued regarding the system changes. The WtW Information Bulletin WB00-33 provides additional information on the WtW Grant amendments including changes to client eligibility and allowable activities.

As stated in WB00-33, any new individuals enrolled into the WtW Grant program beginning July 1, 2000, must be eligible under the new criteria. However, in order to expend WtW Grant program funds prior to October 1, 2000, new clients enrolled must meet both the old (pre-July 1, 2000) and the new (July 1, 2000) eligibility provisions.

The new eligibility criteria have been added to the attached revised WtW Application/Registration form. For the time period July 1, 2000, through September 30, 2000, the JTA system will calculate eligibility on both the new and the old criteria. As further backup documentation, program operators are advised to use the WtW eligibility checklist transmitted with WB00-33 for each new individual enrolled between July 1, 2000, and September 30, 2000.

Several of the new eligibility criteria will require a State or local definition. When the WtW regulations are issued, the State will distribute additional guidance and revise the WtW Client Forms Handbook.

The following is a list of the changes made to the attached WtW Application/Registration form:

 Box 19 (new)—Currently Receiving Temporary Assistance for Needy Families (TANF). Indicate whether the applicant is receiving TANF (California Work Opportunity and Responsibility to Kids [CalWORKs] in California) at the time of application. If the applicant is a noncustodial parent, this information is not applicable to the noncustodial parent's eligibility. Therefore, the "No" box should be selected.

Workforce Investment Division / P.O. Box 826880 / MIC 69 / Sacramento CA 94280-0001

www.edd.ca.gov/emptran.htm

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- Box 23 (new)—TANF Exhausted-Otherwise Eligible. Indicate whether the applicant is no longer receiving TANF/CalWORKs assistance due to the federal 60-month lifetime limits on aid, but would otherwise be eligible for TANF assistance. If the applicant is a noncustodial parent, indicate whether the custodial parent or minor child has exhausted TANF/CalWORKs due to the lifetime limits.
- 3. Box 24 (two new items added)—Noncustodial Parent. New Item 4 is selected if the noncustodial parent's minor child received TANF/CalWORKs assistance in the 12-month period before the date of eligibility determination, but no longer receives assistance. New Item 5 is selected if the noncustodial parent's minor child is eligible for or is receiving assistance under the Food Stamp Program, the Supplemental Security Income program, Medicaid, or the Children's Health Insurance Program.
- 4. Box 25 (new)—Noncustodial Parent Status. Under the new eligibility requirements, the noncustodial parent must meet one of the following criteria: unemployed, underemployed, or having difficulty in paying child support. The Department of Labor (DOL) suggests using the definition of "unemployed" provided under the Workforce Investment Act (WIA), which is "an individual who is without a job and who wants and is available for work." Additionally, DOL has stated that the State should define "underemployed" in consultation with local entities and that "having difficulty in paying child support" should be defined by Local Workforce Investment Boards (LWIB) in consultation with local competitive grantees and State or local child support enforcement entity. The State will issue further guidance regarding these definitions when the WtW regulations are finalized.
- 5. Box 40 (new)—Custodial Parent Below Poverty Level. This item is a new 30 percent provision. If a custodial parent has an income below the poverty line, he or she may be served under the 30 percent provision. The DOL expects that the definition of income will be the same as the WIA income definition. As more information is available, the State will issue guidance.
- Box 41 (new)—TANF with LWIB Defined Barriers Self-Sufficiency. This is also a new 30 percent provision that allows the LWIB to define barriers to self-sufficiency for individuals currently receiving TANF/CalWORKs assistance.
- Box 42 (new)—Former Foster Care Youth. An additional new 30 percent provision is the former foster care youth. This client group is youth aged 18 to 24 who before attaining 18 years of age were recipients of foster care.
- 8. Box 45 (two new items added)—Eligibility. Added "C" Amended 70 percent provisions and "D" Amended 30 percent provisions to this field. The JTA system will calculate the new 70 (C) and 30 (D) percent eligibility provisions and indicate whether an individual is eligible under these categories. As stated earlier, in order to expend WtW grant funds prior to October 1, 2000, a new enrollee must meet both the new and the old eligibility criteria. The JTA system will continue to indicate the old eligibility (A and B) in addition to the new (C and D) until October 1, 2000.

The DOL has issued a revised WtW question and answer (E27) regarding the transfer of an individual from 30 percent to 70 percent. Individuals enrolled under the 30 percent provisions prior to July 1, 2000, may be eligible under the new 70 percent provisions effective July 1, 2000. If these conditions exist, operating entities may transfer the individual to 70 percent and begin expending funds under the 70 percent category. We

will be making changes to the JTA system to allow this transfer and will be issuing additional information and a JTA system release in the near future.

If you have any questions related to the JTA system, please contact the JTA Help Desk, at (916) 653-0202. Questions related to the new WtW eligibility requirements can be directed to Lynora Sisk, at (916) 654-7854.

/S/ BILL BURKE Chief

Attachment



WELFARE-TO-WORK APPLICATION / REGISTRATION

Sul	ograntee Name	
01	Application Number	
02	Social Security Number	-
	1 1	

03	Applica	tion De	to			04 Las	rt Nan	ne				06	First Name			Middle		
06	06 Street Address (Residence)				City Str	City State (Residence)					07 ZIP (Residence)				08 Phone (Residence)			
09	Mail Str	eet				Mail Cit	y Star	to				10	Mail ZIP			11 Message Phone		
12	GEO Code (Optional)	1 F	Gende emak take	-	14	Birthdete	15	Age	1 U 2 E		zen Non-Citizen Non-Citizen	17	Allen Doc#	18 No. Depen (Include Participant		19 Currently Receiving TANF 1 Yes 2 No		
20	TANF Case No.	1	AMF lealet or 30 flore flonth Yes No	of	1 2	Within 12 Months of TAMF Limit Yes No	1 2	-	ueted- rwise bie		Yes, Custodia Yes, Minor Ch Minor Child R	i Parer i Caret iild Rec eceived igible fi	nt Receiving TANF laker Receiving TANF ceiving TANF d TANF Past 12 N or TANF/CallWOR	ANF	S,	25 Noncustodial Parent Status 1 Unemployed 2 Underemployed 3 Difficulty Paying Child Support 4 No		
26	Reading Grade		leth irade	28		pheet Grade mpleted	1 2	Dr Ye	-	1 2	O Received GED Yes No	31 1 2 3 4 5	Elementary Sch Secondary Sch					
32 1 2	Limited English Speaking Yes No		Ye	egnano S	у	34 Teen Parent 1 Yes 2 No		Hill	or Work story es lo	1 2	Yes No	37 1 2	Disabled Yes No	38 Substance Abuse 1 Yes 2 No	1	Locally-Defined Characteristics Yes No		
40	Custodia Below Po Level		t 4	Def	ined	th LWIB Barriers Iclency	4		rmer eter Care uth	4	3 State Match Yes	1 2	10% Window Yes No	1. 1010	bility Provision	911		
1 2	Yes No		1 2	Ye No			1 2	10	-	2	No			O Amer D Amer X Inelig Y Fed 2	nded 70 nded 30	% Provisions)% Provisions ovision		
46	Ethnicity Asian Indi			3 Cami	hodia		C (Chinese			AD Filipino		AE Guamar	nian AF Hawaii	ian	AG Japanese		
AA AH	Korean	dil	Al				_	Samoai			AK Vietnam	ese	ric oddinor	sian/Pacific Islande		BL Black-Not Hispanic		
Н	Hispanic		N/	A Ame	rican I	ndian/Alaska	an Na	tive			WH White							
Signature of Interviewer								47	Interviewer ID		Date							
Sign	ature of Re	rviewer										48	Raviewer ID		Date			

Client Certification: My signature below indicates that I have been informed of and understand the information contained on this form. I certify under penalty of perjury that all of the above information is true and complete. I agree that any information I have supplied is subject to verification. I understand that falsification of any item is grounds for termination from the Welfare-to-Work program and may result in action to recover any moneys paid to me while participating.

Signature of Client	Date	Signature of Parent, Guardian or Responsible Adult	Date
Remarks:			

WTW 10 EWRF (7/00) (INTERNET)